

Focus on Families
3 Frank E Rodgers Blvd N
Harrison, NJ 07029

RECEIVED
FEC MAIL CENTER
2015 JUN 10 AM 11:12

June 4, 2015

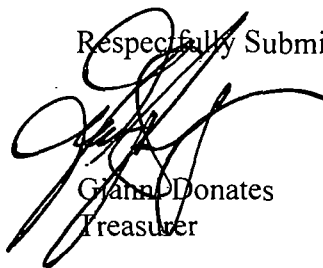
Federal Election Commission
99 E Street NW
Washington, DC 20463

RE: Form 1, Statement of Organization – Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit's decision in *Speechnow v. FEC*, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications to federal candidates or committees.

Respectfully Submitted,



Glenn Donates
Treasurer

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

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Office Use Only

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

FOCUS ON FAMILIES

ADDRESS (number and street)

3 FRANK E RODGERS BLVD N



(Check if address
is changed)

HARRISON

CITY ▲

NJ

STATE ▲

07029

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address
is changed)

GIANNI@ATG3.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address
is changed)

2. DATE

06 / 03 / 2015

3. FEC IDENTIFICATION NUMBER ►

C

4. IS THIS STATEMENT



NEW (N)

OR



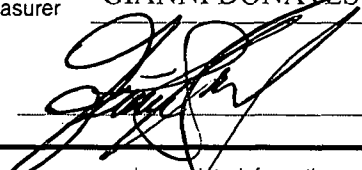
AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

GIANNI DONATES

Signature of Treasurer



Date

06 / 03 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate
Party AffiliationOffice
Sought:

House

Senate

President

State

District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate**Party Committee:**

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) ☒ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser1. FEC ID number C2. FEC ID number C3. FEC ID number C4. FEC ID number C

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

GIANNI DONATES

Mailing Address

3 FRANK E RODGERS BLVD N

HARRISON

N J

07029

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

201

428

7566

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

GIANNI DONATES

Mailing Address

3 FRANK E RODGERS BLVD N

HARRISON

N J

07029

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

973

350

8600

Full Name of
Designated
Agent

Mailing Address

Title or Position

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

BANK OF AMERICA

Mailing Address

500 S FRANK E RODGERS BLVD

HARRISON

NJ

07029

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

IMELY URGENT

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ORIGIN (POSTAL SERVICE USE ONLY)		DELIVERY (POSTAL SERVICE USE ONLY)	
<input type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day
PO ZIP Code	Scheduled Delivery Date (MM/DD/YY)	Date Accepted (MM/DD/YY)	Scheduled Delivery Date (MM/DD/YY)
07029	06/10/15	06/10/15	06/10/15
Time Accepted	Scheduled Delivery Time	Time Accepted	Scheduled Delivery Time
11:42 AM	10:30 AM	11:42 AM	10:30 AM
Weight	Insurance Fee	Weight	Insurance Fee
lbs. ozs.	\$	lbs. ozs.	\$
1.42	\$	1.42	\$
Return Receipt Fee	Live Animal Transportation Fee	Return Receipt Fee	Live Animal Transportation Fee
\$	\$	\$	\$
Total Postage & Fees		Total Postage & Fees	
\$		\$	
Employee Signature		Employee Signature	
Delivery Attempt (MM/DD/YY) Time		Delivery Attempt (MM/DD/YY) Time	
AM PM		AM PM	
Delivery Attempt (MM/DD/YY) Time		Delivery Attempt (MM/DD/YY) Time	
AM PM		AM PM	

LABEL 11-B, JANUARY 2014 PSN 7850-02-000-9996 3-ADDRESSEE COPY

U.S. POSTAGE
PAID
HARRISON, NJ
07029
JUN 09 \$15
AMOUNT

1007

\$19.99
00033976-06



PLEASE NOTE:

When used internationally affix customs declarations (PS Form 2976, or 2976A).



WRITE FIRMLY TO MAKE ALL COPIES LEGIBLE

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

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<input checked="" type="checkbox"/> USPS Priority Mail Express	Postmarked 6/9/15
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

PREPARED
(3/2015)

6/10/15
DATE PREPARED

2015 JUN 11 PM 1:11